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SURGICAL TREATISE ON BONE: ITS NORMAL AND PATHOLOGICAL RELATIONS CONSIDERED, TOGETHER WITH REPORT OF CLINICAL CASE OF COMPLETE NECROSIS OF THE TIBIA.

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THE chief object and purpose of this paper is to present to the reader, and to all who are interested in this subject, an outline embracing the following features:

1st. The manner or method of preparing and examining bone.

2d. Nutrition, development and reproduction of bone.

3d. Histology of bone.

4th. Osteitis, caries and necrosis of bone.

5th. Clinical report of a typical case of necrosis of the tibia, with homœopathic treatment, operation, and result.

METHOD OF PREPARING AND EXAMINING BONE.—To enable us to study with advantage and profit the minute anatomy of bone, select a healthy specimen and saw into delicate sections or laminæ in every conceivable direction, through its substance, and the layers thus procured should be well rubbed down with pumice stone and subsequently polished upon a fine whetstone. It is well also to examine in connection with these some of the delicate and transparent scales that form the walls of the cancellated or spongy portion of the bone; these latter can be readily detached, and when placed between two glass strips, first moistened with a drop of clear water, they are ready for examination. In specimens thus prepared when subjected to the microscope, the observer will note two elements, which constitute true osseous tissue, viz., *bone corpuscles* or *cells*, and the *medium* or *fluid* in which they are formed and found; this is designated the *fundamental substance*, or blastema. This latter consists of structureless white material, opaque or transparent, depending upon the thickness of the section. Chemically it is composed of earthy salts, in which the phosphate of lime largely predominates. In addition to this element will be found carbonate of lime, phosphate of magnesia and soda, chloride of calcium and chloride of sodium, also an organic substance. The relative proportions of the organic and inorganic matters are somewhat variable, but the average is about one-third of organic to two-thirds of the salts. This proportion is necessary for the proper toughness and consistence of the bones. Bone then is composed of earthy salts and an organic substance, by means of which the earthy particles are bound together.

Bone cells, termed also "*osseous corpuscles*," *osteo-plastic cells*, lacunæ, etc., resemble closely in their shape and outline star-shaped bodies or radiating plasmatic cells, or such cells as give form. These are minute fusiform bodies, somewhat flattened laterally, and measuring from one hundred and sixtieth to one hundred and thirty-second of a line in length. From their exterior a fine radiating, delicate tracery of minute thread-like bodies, or prolongations radiating in every direction, anastomosing with each other, also with those of neighboring cells.

Under a magnifying power of from 350 to 450 diameters they can be distinctly seen as dark bodies, and the filliform appendages of the cells of bones are hollow in their interior, in fact are very minute tubes or *canaliculi*; these proceed from different corpuscles, inter-communicate, and thus are the dark areas connected one with the other.

The more delicate scales of the cancellated or spongy variety of bone and the *cementum* of the teeth, present in fact no other constituent elements; this, however, does not apply to the more dense or cortical bone substance, or of scales even of greater thickness. On placing a transverse section of a long bone under the microscope it is at once apparent that its cells are grouped after a certain fixed plan. They are arranged very regularly, in concentric circles, around a larger central opening, which is the transverse section of the course or track of blood vessel in a Haversian canal. Very many of the canaliculi, from the adjacent circle of bone cells, may also be seen passing into the Haversian canal. These canals in the long bones run par allel with the axis of the shaft of the bone, and communicate with each other at short intervals by transverse anastomosing branches.

In the short and the flat bones they likewise pursue a determinate course, and anastomose in a similar manner. These canals that contain the blood vessels of the osseous tissue, pass tunnel-like through the fundamental substance in all directions, terminating either upon the external surface of the bone or in its medullary cavities. The nutrition of bone is affected through the medium of the parts just described. The very numerous orifices of the canaliculi found in the walls of the Haversian canal receive the nutritious fluid which exudes through the walls of its contained blood vessels, and thence it is conveyed through the net-work which they and their parent bone-cells or lacunæ form, to the outermost of the series of concentric circles.

NUTRITION OF BONE.—*Periosteum* (F) periosteum (*peri* and *osteon*, a bone) is a white resisting fibrous medium, which completely encircles the bone everywhere, excepting the articular surfaces covered with cartilage and the teeth at their corona. It is adherent to the bone by means of small fibrous prolongations, and by a profuse number of nutrient vessels, these penetrating into the bone substance from its inner surface, which covers the bone, into whose depressions they correspond and fit accurately. In fact, it is the uniting medium between the bone and the soft structures. It assists in their growth, by furnishing at its inner surface, as M. Béclard has demonstrated, an albuminous exudation, which becomes cartilaginous and finally ossifies again by supporting the vessels which penetrate the bone texture and carry the material for their nutrition. Periosteum in its structure resembles perichondrium. It is an interlacement, or rather, an envelope of connective and elastic fibres, traversed numerously with blood vessels, and rather sparingly with nerves; is also studded with plasmatic cells. These perform an important office in the formation and development of bone.

The medullary or inner surface of the bone, is lined by what was formerly regarded as an internal periosteum, technically termed, *end osteum periosteum internum medullary membrane, perymyelis.* It is described as a vasculo areolar web of extreme tenuity and delicacy, which envelops the marrow and lines the inner surface of the medullary canal of the long or cylindrical bones. Some authors have regarded this as a species of internal periosteum of this class of bones. It possesses numerous vessels which seem to bury themselves in the thickness, or rather substance, of the marrow; and again, others that seem to go to the nourishing of the innermost plates of the bone. The minute structure of this delicate tissue present the appearance of cells, and have been termed, *cellulæ seu sacculi medulla res.* It is a mooted question, however, and is pronounced incorrect by some of the most acute observers and best authors of modern pathology. In reality this particular structure is pronounced to be scattered fasiculi of connecting tissue, by and through the medium of which the fat cells and blood vessels that supply the marrow, are supported. It is a well established fact that marrow is found only in the cancelli and medullary canals of bone; neither the canaliculi nor the Haversian canals contain it.

In the fœtus it presents a reddish color, and possesses some consistency. In the adult it is only met with in this condition in the smaller cancelli of spongy bone, and in flat and short or irregular bones, in the medullary canals of long bones, and in the larger cancelli of their spongy substance. It is yellow in color and almost diffluent.

We meet, then, with two varieties of marrow, which differ in their elements histologically, as also in their physical properties. The red or fœtal marrow is made up of an aggregation of spherical cells, each one containing fine granular material and one large nucleus. Some of the cells have several nuclei, and attain a considerable

size (1-40th to 1-30th of a line). It is a noteworthy fact that the cells of fœtal marrow are identical in appearance with certain forms of so-called cancer cells. This variety of marrow is richly endowed with blood vessels, which traverse its substance, accompanied by delicate filaments of connective tissue. The cell structure of yellow marrow is nothing more than vesicles filled with liquid fat, or what may ordinarily be termed, fat cells. In some of them the nucleus can be still recognized, and others again resemble so closely the cells of fœtal marrow as to be suggestive of transitional changes, by which it is rendered probable that the ordinary yellow marrow is nothing more than fœtal marrow, the cell structure of which have undergone the process of fatty degeneration. Of the two varieties, the red or fœtal marrow is more highly endowed with blood vessels.

Bone derives its nourishment through the medium of the periosteal vessels. One set, the smaller variety, penetrate the compact structure and pursue the same course of the Haversian canals, which in fact, they occupy. The second class being larger, and known as nutrient vessels, enter separate canals assigned to them, and thus reach the medullary cavities, where they terminate by supplying the medullary substance, and here they anastomose with the other or smaller class of vessels.

As a rule, the veins present the same calibre, and in fact, pursue the same course as the arteries, with which they correspond. In some instances, however, they assume a larger size and a different arrangement, as for instance, in the sinuses of the diploe, of the skull and the vertabræ. Up to the present day, no lymphatics have yet been discovered or demonstrated in bone.

The nerves, which are quite numerous ordinarily follow the course of the arteries, and supply both marrow and bone, but before penetrating the bone they supply the periosteum with its nerve filaments. There is reason to believe that the nerves terminate by free extremities.

Development and Growth of Bone.—There are two ways by which the development of bone is attained. By ossification of the cartilagineous skeleton of the fœtus, and by transformation of the deeper layers of the periosteum.

The first mentioned development of bone is best studied by the use of very thin sections of bone of a very young subject, made just at the line of junction of the cartilage and bone. On making examination of the cartilaginous section, it will be observed that its cells are disposed in parallel rows, and that some of them are much altered in appearance. One set of them will differ in no respect from ordinary cartilage cells, whilst the remainder have already changed in form, the change being confined mainly to their nuclei. The nucleus, for example, has become very irregular in its outline, and by sending out prolongations in every direction, has put on the regular garb of a bone cell. It is embedded in a fine granular substance, limited by a pale circular or oval line, which is the cell wall. Outside of this, another line can be noticed in close proximity to the first, and surrounding the cell; this is the capsule of the cartilage cell.

In view of the foregoing facts, it is pretty evident that the osseous or lacuna is identical with the nucleus of the original cartilage cell in a more advanced state of development. The process of ossification is completed by the elongation of the filiform prolongations, or canaliculi, given off from the nuclei of the cartilage cells, which terminate by anastomosing with the canaliculi of neighboring nuclei. Meanwhile, the earthy salts have been brought by the blood vessels and deposited in the fundamental substance of the cartilage, as well as in the interior of its cells. Neither the walls of these cells nor their enveloping capsule, disappear immediately after the ossification of their contents. By the addition of dilute hydrochloric acid to a portion of recently ossified bone, they can both be rendered visible, presenting their usual appearance.

It has been asserted by some observers, that it is the cartilage cells, and not their nuclei, that are thus transformed into bone cells. The cell walls of these presenting a somewhat wrinkled appearance, and undergoing the changes which have been attributed to the nucleus, at the same time the nucleus fades away, and finally disappears entirely. In opposition to this theory, it has been asserted by equally good authority, that it is the nucleus of the cartilage cell which becomes transformed in the osseous cell or lacuna of bone.

The ossifying cartilage cells that remain unchanged during the process last described, essentially assume much the same character as fœtal marrow. At first they become the point of ac-

tive endogenous development, as a consequence they increase and multiply together with their enveloping capsule, and are of considerable size. These soon come in contact with one another, their capsules blending together, and the partitions resulting thus dissolve away, as they lie longitudinally arranged in rows, and thus a medullary canal is formed, filled with primitive cells and oil globules, which in reality constitute fœtal marrow. While this process of ossification is going on, numerous blood vessels furnished by its perichondrium are noticeable, ramifying and inosculating through the cartilage substance. These at first seem to be hollowed out from the cartilage. Still later in the process, the cartilage cells adjacent and immediately surrounding them, become fusiform and elongated, and appear by their subsequent union to form and organize walls for the blood vessels.

The process of ossification from periosteum is not so complicated as that just described, by which cartilage is converted into bone. This vasculo fibrous membrane, contains, as has already been stated, a large number of minute star-shaped or plasmatic cells. When these are subjected to the action of acetic acid, the ordinary connective membranous fibres are seen to disappear. More than one layer, composed of elastic fibres and branching cells, are brought into view, and in both the form of osseous cells are plainly represented. In the deepest periosteal layers, where ossification takes place, the plasmatic cells may be seen to be more numerous and further advanced in development than elsewhere. The blastema in which they are embedded is deeper in color, and this is accounted for by the presence of earthy salts already formed. It may, therefore, be asserted that the process of ossification is in this manner developed, and, in fact, perfected, for the plasmatic cell requires only to be embedded in and surrounded by earthy material, to transform it into bone cells. This process, it may here be stated, is not always affected in this simple manner. Sometimes the plasmatic cells do not present their usual star-shaped prolongations, and in such instances, the filiform processes which form canaliculi, ultimately, only make their appearance whilst the incrustation of their respective cell walls is actually going on. From investigations made, it is evident that ossification of the cranial bones is produced entirely by the change just mentioned in their periosteal coverings. The new deposits of osseous matter which take place in some grades of periosteal inflammation can be accounted for in the same manner. The reproduction of bone after fracture, or exsection, or where a portion of bone has been removed, by means of gouge, hammer and chisel in a surgical operation, is reproduced by a process analagous to that which the periosteum furnishes in the process of ossification. The gelatinous material that forms between the surfaces of a fractured bone, or in an excavation by the gouge, etc., and even in a medullary cavity, contains, as a rule, some fibrillae of connective tissue, together with a large number of blood globules and oval nuclei of a fibro-plastic nature, and these are subsequently converted into bone corpuscles.

These successive transformations of the nuclei may be readily observed and followed by means of the microscope, in a very thin lamellae of bone to which the gelatinous material referred to is adherent, and these are the various steps of the process. At a short distance from the bone, the oval nucleus possesses a very regular outline, but as they are traced nearer to the surface, they are observed to change their shape. Their coverings or outline wrinkle, and linear prolongations are sent out and radiate in every direction. At the same time, earthy material is deposited around them, by which they become gradually encrusted, and thus the change or metamorphosis into complete bone is perfected.

Reparation or Reproduction of bone in the medullary structure, and in the cancellated or spongy portion, is not accomplished by *medullary membrane*, which has no existence, as already intimated, nor yet by the aid of any imaginary cartilage, which in any event, would be only transitory. The phenomena of ossification here, are entirely analagous to those already stated in the deeper strata of periosteum, both in its healthy and inflamed state. In all such cases the osseous cells, in the absence of which the tissue of bone cannot exist, is developed from another cell or its nucleus; *i. e.*, from the essential organic element, which is always present, both in the contents of the medullary cavities, as also in the periosteum.

Histology of Bone.—The derivation of the word is from the Greek *Histos* and *logos*, "a description." In other words, histology is the minute anatomy of any organized structure. Its

antipode is histolysis, from *histos* and *luois*, "solution." The process of dissolution and decay of organic tissues or structures, also of the blood. It is retrograde metamorphosis and degeneration in its various forms. The osseous tissue, structure or bone frame, forms in all of the animal kingdom about one-fifth of its bulk and weight, including the teeth, cement, etc.; these constitute what is familiarly known as the *skeleton*.

Bone tissue presents a homogeneous or fibrous substance, osteoid in character, traversed by dentine or laminated tubes, which may become actual dentine. Variations are sometimes met with, especially in the vertebrate series. The osseous tissues in the form of calcified and ossified bodies, are sometimes found in the soft structures as pathological formations. The most primitive condition in which bone has been discovered, is what is termed the matrix or blastema, in which bone corpuscles may be detected. It is important to distinguish between these two elements of the bone, and this may be accomplished by microscopic examination, through the medium of transmitted light. Thin, delicate lamella or osseous layers, such as occur and are visible in pathological ossifications, or of the laminæ of the vomer. Lachrymal and ethmoidal bones, anatomically the fundamental substance of bone, is arranged in the form of regular concentric laminæ, $\frac{1}{1000}$th of an inch in thickness.

The bone corpuscles appear as dark, black, star-shaped figures, as before stated, which consist of a central area, which area, either of large size and eliptical or smaller, and then resembles the section of a biconvex lens, from which delicate, branching fibres, termed bone canaliculi, or tubuli, that radiate from it as from a given centre, and are very much attenuated. These proceeding from the different corpuscles inter-communicate, and thus the dark areas are connected with one another by means of a process like net-work. These dark bodies or germs are found regularly distributed through a clear matrix or medium, the material in which the corpuscles are located, either of which appear quite homogeneous, and are of laminated form, or are perforated by various arranged spaces, which are often so numerous and large that only a layer of osseous trabiculæ, of varying thickness, is left, which surround them.

Again, the spaces may be relatively small, as to size, in which the surrounding substance is fractured into straight parallel or annular lines, into a series of band-like lamina; to this the corpuscles are attached in successive rows, and with a tolerable degree of regularity, and are found arranged in successive rows. The dark spaces caused by the corpuscles appear quite as delicate, and are white and lustrous. This appearance can only be determined by direct, instead of transmitted light. *Purkinjea*, in 1834, in consort with *Deutsch*, first described the bone corpuscles and canaliculi. *Muller*, in 1836, pointed out first the connection or relation existing between the two, and expressed the opinion that the entire system of the corpuscles and canaliculi were filled with a deposit of lime, for this reason they were described as canaliculi and *corpuscula chalicophori*, or lime-like.

The bone matrix, as has already been stated, frequently exhibits a well-defined lamellæ. It is brittle and friable, thus accounting for its peculiar tendency to break or fracture. If a fragment of bone be treated with dilute acids possessing the power to expel the carbonic acid from its combination of lime, and render the latter, as well as the phosphate of lime soluble, the bone becomes flexible and softened, at the same time preserves its original contour and outward proportion as to size. The softened remains of the osseous matrix, represents its organic base, and is termed by writers the so-called *cartilage* or *ossein*. This when subjected to hot boiling water, is readily precipitated on cooling into gelatine, though more tardily than collagen is, when obtained from connective tissues.*

Bones when thus subjected and softened with acids, are well adapted for fine preparations, and these specimens can be finely separated or divided into sections suitable for microscopical investigation, and will present the same appearance by means of transmitted light, only more transparent than the matrix. If bones containing lime are subjected for a long time to a boiling process, the organic material is in a great degree, if not entirely so, removed, and the earthy material—*inorganic*—will remain, and their original form will also be preserved. Chemical examination proves that these earthy constituents consist in proportions varying with the

*Kuhne's *Physiologische Chemie*, 1866, p. 391.

animal, and the bone of a carbonate of lime of tribasic phosphate of lime and magnesia, of chloride of sodium, of flouride of lime and traces of the sulphates and silicia or silica The mineral and organic constituents of the matrix of bone which are thus capable of being separated, one from the other, are found so intimately blended together, both in recent moistened and in the dried state, that when subjected to a very high microscopic power, no perceptible appearance or change can be detected between them. Such, for instance, as a granular precipitate distributed through an organic basis. It has not yet been definitely ascertained, whether the osseous material is composed of an intimate mechanical compound of two molecules, or of a complex double molecule. In the various and complicated bone diseases as yet imperfectly understood, such as *osteo malacia*, *rhachitis* and *necrosis*, the bones lose their constituent elements. The first two-named lose their mineral or inorganic material, and undergo other concomitant changes, which renders the bone soft and pliable, capable of being tied into a knot or of being readily incised; while the bones of old people with coincident signs of atrophy—thinning of the cylinder, and consequent expansion or enlarging of the cavities, these become more elaborate in mineral substance, less elastic, and at the same time more brittle, yet denser and harder. The same condition is observable in necrosis of bone.

The coarse morphology and metamorphosis of osseous substance, as witnessed under the microscope, consists, as already stated, of plates or lamellæ fibre, like trabeculæ and superimposed lamellæ. The appearances presented in any particular case are dependent upon the osteo-logical importance of the bone to be examined, and upon the direction of the plane in which the division is made; also upon the part of this plane selected for inspection.

It is a well-known fact that osteologists arrange the bones into different groups, as the *irregular*, *flat* and *short* bones, and the *long* or *tubular* bones, in all of which structural variations are met with corresponding to these divisions.

In the apophysis of the long bones, as well as in the short bones, the osseous tissue forms a thin, delicate layer of compact structure on the external surface; but in the interior and on the inner surface, small laminæ exist, inclined at different angles to one another, between which are medullary interspaces, containing connective tissue and vessels, together with fat cells and marrow. The structure of the bone here presents, consequently, a sponge-like nature. In the flat bones laminæ of a compact character, corresponding to the inner and outer surfaces, are placed superficially, between which surfaces the osseous substance presents the same spongy or cancellated structure. The diaphysis or shaft of a long bone is strongest in its compact portion; and even here, in the more internal parts, or that which surrounds and encompasses the medullary canal, presents the loose or spongy character, which is more apparent in proportion as the epiphyses are approximated. By dividing the compact substance of the long or tubular bones, succeeding the removal of the inorganic or mineral properties, some of the fine features of the bone structure may be distinctly brought into view. Perpendicular sections carried through the long axis of a cylindrical bone will exhibit smaller or larger, circular or slightly oval spaces, that are seldom elongated or prolonged in a longitudinal direction, but are frequently bounded by slightly sinuous lines, and these represent transverse sections of the Haversian canals. It is around these that the matrix of the bone concentrates, and is arranged in ribbon-like striæ, which, when focused to the proper degree, in the portions nearest these canals, will be noticed radiated and striated also, somewhat darker than anywhere else. The number of laminæ succeeding each other from within outwards varies, but the more minute canals have less than the larger, as many as fifteen having been observed. The system of rings surrounding each space is enclosed by similar rings, and these pursue a parallel course to the external or outer surface of the bone, so that the latter or system of rings may be distinguished from the former, or lamellæ, as being of a very high order; but since the systems of the first order cease in some instances at a point more remote, and again in others nearer by the number of rings running concentrically with the general circumference of the bone, is not constant, but is smaller where the rings of the second order approximate more closely to the surface. Only those that course around the most superficial systems of the first order completely encircle the bone. The interspaces remaining between the systems concentric to the Haversian canals in the interior

structure of the bone, and which present areas with three, four, or more angles, with incurvated sides, are occupied by an inter-lamellar mass, presenting a similar lamination.

The inter-lamellar systems also, for the most part, run parallel to the surface of the bone, but occasionally it occurs that they run parallel to the two opposite boundaries of the areas, and stand perpendicularly to others; or they may occur in the areas themselves. Again, vertices of the system of rings, which cut the direction of the closed systems at various angles. We frequently also meet with concentrically arranged systems of the first order, which have become flattened by a sort of mutual pressure, and are not separated by any inter-lamellar substance. The latter seldom occurs in the tubular bones of mankind. The former usually occurs in the animal kingdom. Frey styles the connective systems of the first-named order, *special* or *Haversian lamellæ;* the others, *general* or *fundamental lamellæ*. It is important to distinguish between the three series of Haversian lamellæ, intermediate lamellæ and *peripheric lamellæ*. The open or closed systems of rings observed in transverse sections of bone, are the *transverse sections of lamellæ* arranged around longitudinal and anastomosing canals, the transverse section of which last constitute the *interspaces* already described. Of this we may readily convince ourselves, by making longitudinal sections of long bones, in which the vessels may be seen in the form of elongated meshes. They either branch at acute angles, or if the branches are more disericant, they soon follow a less disergent direction, or which is more usual, they communicate by means of short, oblique and rarely transverse branches, and pursue a course that is but slightly inclined to the long axis of the bone. The foregoing mentioned Haversian canals, opening upon the external surface of the compact substance, or into the medullary spaces of the spongy substance, are destined for the transmission of blood vessels. The spaces between the Haversian canals are occupied by the ribbon-like longitudinal sections of the lamellæ. Portions of these lamellæ of the compact substance of the long bones may either be splintered off, or they may be obtained by sections made parallel to the surface. With high power and a good microscope, a sharply-defined punctation may be observed in them; besides, also, an indistinct, dull, vein-like appearance, the entire substance being thus divided into a few bright islets.

A LECTURE.

BY WM. WRIGHT, M.D., BROOKLYN, N. Y.

"Has the art of medicine in theory or practice yet attained to the dignity of 'A SCIENCE,' and what are the obstacles which have, and still do impede, its onward progress towards that desirable result?"

Ladies and Gentlemen:—It may be remembered by those who honored me by their presence on the evening of September 25th, that, in the few desultory remarks then made, I endeavored to show that while there were *some* reliable truths in medicine, both in the *theory* and *practice*, upon which we could depend, there were still *very many errors in both;* and that a habit of *close observation, nice discrimination*, and a *subjection to the severest tests known to science*, of all theories of medicine, were essential to guard us against error and to protect us all from imposition. It will also be remembered, that we defined science to be "*a knowledge of facts, systematically arranged*," and that, as our aim in the pursuit of all knowledge is, or should be, *the discovery of the law which leads to or controls results* (which *results* we denominated *facts*), then it was evident that our progress towards that discovery would be *influenced*, if not entirely *controlled*, by *observing, collecting* and so arranging all the facts that might be known in regard to each and every individual branch of knowledge, as should assuredly lead us to the discovery *of this fundamental law* of their government.

In this connection, I stated that a sufficient number of facts had long since been discovered in relation to the various changes, combinations, etc., of the several elements which go to make up *inorganic matter*, as clearly to point out and establish "*the law*" by which those combinations and changes were governed, and that this "*law*" we had denominated the law of "inorganic matter," or the law of "*Chemistry;*" and that the same might be said of geology, mineralogy, etc., etc. But in regard to the *healing art*, the question was raised: "Has it yet attained *that fixedness* and *certainty*, as well as that *uniformity of movement* and *results* which should entitle it to be ranked as a *science?*"

If *science* can be founded on *facts*, and *facts* alone, and those facts be capable of being so arranged that by a knowledge of them we can unerringly point out or discover and establish "*the law*" by which they are governed, the enquiry

then very naturally arises: "What are the *facts* known, collated and 'systematically arranged' in *medicine* or therapeutics by which we are enabled to build up and establish a system worthy the name of 'a *science*,' or by which we can point out and demonstrate the unerring 'law of cure.'"

So far as the *composition* of the *animal* body is concerned, of both man and quadrupeds, we have only this evidence, that though composed alike of bones and muscles, of blood vessels and nerves, etc., etc., of *great similarity*, yet by reason of the difference of the animating spirit within of *reason* or *instinct*, or *something else*, they seem to be very differently constituted in regard to the action of extraneous matters by which they may be surrounded, so that what may be found an appropriate nutriment to the one, may prove to be a noxious or deadly poison to the other, and consequently that there may be, after all, more truth than poetry in the old maxim, that "What is one man's meat, etc." Goats may eat stramonium with perfect impunity, but most other animals eat it at their peril. Worms may luxuriate upon the tobacco plant, but man requires *a long system of hard training and much violence to the laws of his organization*, before he can safely indulge in the "disgusting weed"—if he ever can.

But this fact is not only true of the different *orders* and *genera* of animal life, but it is, to a certain extent, true of the same order and genera. Some forms of shell-fish, such as *clams*, *lobsters*, etc., etc., which enter so largely into the daily diet of the mass of mankind, cannot be eaten by many individuals without subjecting them to the most violent attacks of disease—diseases which have, in many instances, proved speedily fatal. One of the first and most honored homœopathic physicians of an adjoining city, lost his life from eating *a clam soup*, while another's life was put in deadly peril by eating a single *hard-shell*—not a "*hard-shell politician*," but a hard-shell bivalve. During the last fifteen years, I have been called to treat a pretty large number of cases of *lobster cholera*, and althongh I never lost a case from this distressing malady, I have seen some most alarming ones, where the sufferings of the patient were indeed indescribable. *Honey*, and even *butter*, are a perfect poison to some constitutions, and can never be eaten by such without much suffering. The common article of *coffee* will, in some cases, be sure to generate a troublesome constipation, while in others its use is sure to act as a cathartic.

In some persons a small dose of opium will produce only a *calm*, *placid* and *pleasurable sensation*, while in another the same dose is sure to be followed by a wild and *raving delirium*.

And then again, the same article of diet or medicine may produce effects, at different times and under different circumstances, the directly opposite of that which it has been accustomed to do in the same individual. I have known of more than one death produced by eating, under particular circumstances, such food as at other times had shown itself nutritious and healthy. The physician who died of *clams*, was accustomed to eat them with impunity, and yet he died "in the house of his friends," or, in other words, of eating what had, up to that time, proved his friend and benefactor.

Besides these peculiarities and diversity of operations of both diet and medicine upon different individuals, which we attribute to their peculiar idiosyncrasy, there is noticeable a marked difference in the *susceptibility* of the same patient under different circumstances, both in regard to *health* and *disease*. In some cases the *susceptibility* to the action of drugs is *increased just in proportion to the departure of the system from a state of health*, while in other cases the susceptibility is *decreased*, even in a greater ratio, as we thus depart from the normal condition.

It is very evident, then, that no sufficient number of *facts* can be collected or collated from the ordinary methods of administering drugs, upon which we may base a *positive* or *exact* science of medicine, for without a *fixed basis* as a starting point, we can erect no substantial, safe or permanent superstructure. Without a *well-settled* and *immovable fulcrum* upon which to rest your lever, you can raise no body or weight, no matter how long or strong that lever may be, and without well founded and demonstrated premises you can build up no sound or reliable argument, nor deduce any safe or trustworthy conclusions in any branch of knowledge. And yet it is upon the provings of medicines or drugs upon just such unfixed and unreliable basis as these, that we are forced to rely to determine both their pathogenetic and curative powers, and by which we can make any approaches to the establishment of medicine or the curative art as a science.

While dealing with dead or inorganic matter, we find that all changes, whether by decomposition or re-organization, are the results of *fixed* and *unchangeable laws*, and hence we have, from a possession of this knowledge, no difficulty in determining the nature of "*the law*," or the "*science*" which these recognized *facts* go to establish. And this science we denominate "the science of *chemistry*."

But not so with *organic matter*, especially with that form of organic matter endowed with the sentient *principle, or principle of life*. Here a new obstacle meets us, and our difficulties are greatly increased—increased from the fact that such matter is not only *less fixed*, but that it is *much more under the influence and control of this vital principle* or "*force*," than it is of the *laws of its material organization;* and though the animal body may not always be under, or be controlled by this "*principle within*," yet it is certain that it will be so, to some extent, *while life shall last;* and as we have to do with *the living* and not *the dead* body, it is very evident that we can have no *positive, uniform, fixed law*, determining results upon which a *positive* and *exact* science *ever can be based*. Yet it is very apparent that much greater approaches *have been* made to reach this desirable result *during the last half century*, than were ever attained, *or rationally attempted*, before that epoch.

So long as the treatment of disease was directed or governed by *a speculative theory* of its nature, based upon an hypothesis of a *sthenic* or *asthenic*—tonic or atonic, acid or antacid, electric or non-electric condition of the system, or any other of the thousand and one theories of medicine that have amused, if not enlightened, the world, and to be met by the administration of drugs based upon the law of "*contraria contraris*," little or no real progress *was* or *ever could be made* in the development of a *series of facts* upon which by a discovery of "*the law of cure*," we could base a system of therapeutics worthy the name of a *science*. But thanks to the genius of our thrice-honored and immortal Hahnemann, new light has been opened to the students' mind, and a *new basis* of investigation and "*law of cure*" established. I say *established*, because sufficient proofs have been already attained, and *facts* discovered to show that *similia similibus* IS the only and true "*law of cure*," and that a system of therapeutics can be, and *has already been*, founded upon this *basis, worthy the dignity of a science*. By experiments too numerous to be gainsaid, it has been demonstrated that the infinitesimal dose of any drug *will as assuredly cure any disease, of which it* is *homœopathic*, as the massive dose of that same drug will *produce* in the healthy *similar drug symptoms;* and hence we have the homœopathic law as laid down by the founder of our system, viz.: "That the true remedy for the *certain, radical, prompt* and *permanent cure* of any disease, is that which, when taken in health, will produce the entire group of symptoms which bear the closest resemblance to the disease which we wish to eradicate." Not that the toxic or poisonous effects of a drug can be removed by administering a little more of the same drug, as is so falsely charged by some of our opponents, that we teach, (because that would involve our system in the absurd predicament of maintaining that "a little more of the same poison which had *produced* the disease would *cure it*,") but the drug that will produce the group of symptoms *that bear the closest resemblance* to the disease which we wish to cure.

While the poisonings of *arsenic* or *mercury*, or *tart. emetic*, are not to be met or overcome by the administration of a little more of arsenic, or mercury, or tart. emetic (though there be men styling themselves as homœopathists, who absurdly avow this inconsistent doctrine), yet the attenuated doses of these drugs, when properly administered, are just as certain to cure the diseases which arise spontaneously, or from dynamic causes which *closely resemble* the diseases which the abuse of these drugs are known to be capable of producing, as *these* drugs are to produce them when improperly administered.

Perhaps no surer remedy can be found for the cure of the arsenical symptoms of disease, such as burning thirst, great internal heat, etc., etc., than attenuated doses of *arsenicum*, certainly none for spontaneous salivation, than some one of the mercurials, and *tart. emetic* for nausea and vomiting.

Now, let it be well understood in this connection, that it is not claimed that the *specific* action of a drug upon the human system, *is at all under the control of the will* of him who administers it, only so far as that may be modified by the *size* of the dose, however much it may possibly be of him *who takes it*. Consequently the *purpose*

for which we administer a drug, can have, *per se*, no control over the specific action of that drug, and hence it follows that, if attenuated drugs do cure the specific cases mentioned, when administered according to the *law of similars*, it must be, *by virtue of that law*, and *not of the intentions of the administrator*. Hence we say, and the experience of every homœopathic physician in the land fully demonstrates its truthfulness—that the *curative* powers of drugs, when properly administered in infinitesimal doses, are *just as well established* as the *poisonous* or pathogenetic powers of the same drug when administered in large or poisonous doses. The evidence of both are demonstrated by well known and *well attested facts* of equal and *unquestionable validity*.

This being the case, and I challenge its disproof, what hinders the practice of medicine, and the theory of medical therapeutics from being accepted and at once elevated to the dignity of a "*true science*."

It would seem that nothing *could* intervene to prevent it, did we not remember the frailties and imperfections of human nature. For here, we have not only the want of fixedness and *uniformity* in the basis of our calculations, but the *perversities* and *uncertainties* of human conclusions. Some men are so constituted that they had much rather triumph in an error than submit to a well defined defeat, even to establish A TRUTH. Other men have neither the capacity to *observe* nor the ability to *discriminate* between *cause* and *effect;* and hence they always *jump* at conclusions, and credit the *last remedy* given for whatever cure may be wrought in the patient however improbable or irrational such a claim or credit may be. While others, ignoring the efforts of nature to repair her damaged citadel, are ever attributing to *drugs* the credit of that which most clearly belongs to "an inherent *law of one's being*." A *law* which it would be well for us ever to keep in mind; for though we may not be able to *create*, we may, and often do, (by improper medication,) do much to prevent or destroy.

The great lesson then which I wish to teach *is*, that while the system of medicine *has been* and *still is* surrounded with many and serious embarrassments—embarrassments which have very greatly hindered, and must still continue to hinder its progress,—light *has* at last dawned in upon us, and a brighter day of promise is before us.

A test has been given by which we may determine the *curative* as well as the *poisonous* powers of drugs, and a system of therapeutics founded upon a *demonstrated* law, almost as certain and reliable as those which govern and control inorganic matter. To derive then all the advantages which this new system of investigating disease and the action of medicines upon the human constitution, and thereby ascertaining or determining the *curative power of drugs*, we have each man for himself; but to *faithfully* and *honestly*, as well as *intelligently* pursue our investigations *in the line of* and IN ACCORDANCE *with* the teachings of the GREAT MASTER.

Clinic.

CLINICAL CASE.

BY PHŒBE J. B. WAIT, M. D.

ONE evening about six o'clock in the month of June, 1874, I was called in haste to see Mrs. M, a middle-aged women, whom I found writhing in convulsions, so severe, that the combined efforts of three persons were required to keep her upon the bed. I at once administered *hyoscyamus* 200th, and while waiting for results learned the following particulars. The lady had come from a remote town three days before to attend a wedding, and had been much broken of her rest, having had no sleep for the twenty-four hours previous to this attack; had arrived at her brother's house (where she now was) that morning, greatly fatigued and suffering from an agonizing headache, which had lasted all day; and that the convulsions, to which she had long been a victim, had supervened about an hour before I was sent for. During this recital I watched my patient carefully and observed the following characteristics. Each spasm was preceded by a violent start as if from fright, and began in the hands, which were tightly clinched, extended to the arms and body, the latter being thrown backward until there was almost complete opisthotonos. The face was red and bloated, the eyes wild and staring, and during the spasm the teeth gnashed audibly. Seeing no improvement from the *hyoscyamus*, I then dissolved a powder of *belladonna* 200th, in a glass half full of water, and gave a tea-spoonful once in fifteen minutes.

In one hour the convulsions had entirely disappeared, and before 10 o'clock, when I again

called, the pain in the head had subsided and the patient had fallen into a quiet sleep, which lasted until morning. Two days later she called at my office, and gave me the following history of her case. She was forty-two years of age, had been married at the age of fourteen, up to which time she had not menstruated; had been the mother of four children, besides having several miscarriages; had suffered from dysmenorrhœa since the flow was first established, and at each period had suffered from almost continous convulsions. She had for years been subject to long-lasting headaches, obstinate constipation, profuse leucorrhœa, sometimes albuminous, sometimes thin and yellow, staining the linen. She had been under treatment nearly half of her life, but so far as I could learn, her treatment could be summed up in the use of three drugs, *quinine*, *iron* and *opium*. She had at last "given up doctoring," but was so much pleased with the results of my remedies, that she begged me to give her "something to take" after she got home. I hesitated—here was a woman who for more than twenty years had been drugged to the last extremity, and the evil results of the treatment were fully apparent—a sluggish condition of the entire economy, with an almost benumbed portal circulation, as was clearly evidenced in the sallow complexion, dark circles about the eyes, oft-recurring headaches, distressing constipation, with hemorrhoids, and both cervical and vaginal leucorrhœa; but I decided to take the possible chance of benefiting her, and gave a powder of *nux vomica* 2000th, to be followed in a day or two by half a dozen powders of *sepia* 6000th, one powder each night at bed-time. Six months after I learned that she had menstruated regularly since taking the remedy, without *any return* of the spasms; her other conditions were also much improved, and so for more than two years she enjoyed entire immunity from spasms.

FISTULA IN ANO.

BY JOHN BUTLER, M.D.

FISTULA in ano is generally the result of inflammation, and its sequel suppuration. That is to say, that from some local irritation in the areolar tissue around the anus, an abscess forms which opens and discharges either into the rectum or immediately outside the sphincter, or at both places. In the latter case it is said to be complete, in the former, incomplete.

When a fistula is of long standing, it is lined by a hard cartilaginous membrane, which secretes a fetid pus, which emits an effluvia savoring much of the contents of the adjacent intestines. There sometimes co-exist two or more fistulæ. In one case I saw, there were as many as five.

The severity of the subjective symptoms vary very much in different patients. Some suffering but slight uneasiness after defecation, while by others this act is dreaded, the torture after it is so intense; so much so, that the patient will allow the bowels to remain constipated for an incredible time, thus adding fuel to the fire already kindled.

The disease is now universally admitted to be one generally requiring surgical interference, although there are cases on record reported to have been cured with *calc. carb.*, *silicea*, *sulphur*, *phosphorus*. One case in my own practice got well on *silicea* 200, and another on *hepar sulph.* Although we can cure but a small percentage of cases by internal remedies, we can certainly always mitigate the suffering of the patient, relieve the local irritation, and lessen the predisposition by an appropriately chosen drug, and having done so, the patient is in the best possible condition for surgical interference.

To radically cure the disease, we must first get rid of the cartilaginous pyogenic lining and disable the ever spasmodically closing sphincter, so that we may have a healthy internal surface to the fistula, capable of filling up by healthy granulations, without hinderance from any extraneous force, muscular action, or otherwise.

Now it is obvious, that whatever course of treatment will bring about this condition in the shortest time, with the least suffering to the patient, and with the slightest amount of destruction of tissue, is essentially the best treatment.

The method I have adopted is as follows:—The rectum having been cleared by an enema, I forcibly stretch the sphincter, after the manner I before described in the August number of THE HOMŒOPATHIC TIMES, and then destroy the pyogenic lining of the fistula, either by electrolysis, or by galvano-cautery. In operating thus, it is best to have the patient under the influence of nitrous oxide gas. Full etherization is never necessary, as where the galvano-cautery is employed, the pain is only momentary. When electrolysis is used there is more pain in dilating

the sphincter and getting the instruments in situ, than there is in the slow decomposition of the cartilaginous membrane by the action of the galvanic current, which really is seldom complained of by the patient, even when the operation is conducted without the use of any anæsthetic. As regards the after-treatment, the eschar generally separates about the eighth or tenth day, until which time it is well to use a weak lotion of carbolic acid and oil. When a healthy granulating surface shows itself in the entire length of the fistula, (which may be readily examined by means of a female urethral speculum,) *calendula*, *cerate* or lotion is best as a local application. Should, during the process of healing, the sphincter show any sign of returning contractile power, it must again be forcibly dilated,* as at first. The bowels, of course, must not be allowed to act until the fistula is entirely healed, the patient in the meantime being strictly kept in the recumbent position.

DYSMENORRHŒA.

BY N. A. MOSMAN, M.D.

A CASE of dysmenorrhœa, of twelve years duration, occasioned by stenosis of the cervical canal, relieved by operation and subsequent dilatation.

Oct., 1876, Mrs. D., aged 27 years, a resident of one of the Western cities, applied to me for relief from the following symptoms at the menstrual period. Pain across the lower part of the abdomen, extending around or through the lumbar region, with nausea and headache, preceding and accompanying a scanty flow, which lasted five and six days; the three first of which were passed in great distress, amounting to agony at times, obliging her to keep the bed, and according to the statement of a friend, like labor pains. But the remainder of the month enjoyed pretty good health. I also ascertained that she had never been pregnant, although married nine years. Furthermore, the patient encouraged me by the statement that she had been treated by a great many physicians West and East, but no permanent benefit had been derived. Considering that the case needed a thorough investigation I proposed an examination, which was accorded. I found the uterus in its normal position, but the os was very small; the cervix somewhat elongated, and experienced some difficulty in passing the uterine probe on account of the size of the canal. Being satisfied that the constricted os internum and small cervical canal obstructed the passage of menstrual blood, and caused this unusual amount of suffering, I therefore proposed to enlarge the canal by mechanical means, but as the patient expected to be unwell in a few days, deferred the operation, and gave *bell.* and *caulophyl.* to try during the menstrual period, but the distress was about as usual; consequently I made an appointment about a week after menstruation ceased, and operated by inserting the metrotome, past the internal os, with the blades concealed, then by means of a screw in the handle threw out both blades and withdrew the instrument, cutting its way out. But little pain was occasioned and slight hemorrhage followed. I then inserted a hard rubber dilator to prevent reunion; then tamponed the vagina with cotton to keep the dilator in position, and directed the patient to keep the bed for a few days. Two days after I removed the tampon, cleansed the vagina, and practiced dilatation twice and three times a week until near the next menstrual period, which was passed in a very different manner. Slight symptoms accompanying a more free discharge, and thus it continued for about seven months, when I lost sight of the patient by her departure for the West. To my best knowledge of the case, sterility was the only symptom remaining of the former trouble.

*This method of dilating the sphincter was first suggested and practiced by Dr. Pattison, of London. *Pattison on Tumors*, p. 220.

PROFESSOR R. LUDLAM, in a lecture introductory to a course on Diseases of Women, in Hahnemann College, Chicago, says: "It would almost seem that between the cut of the dress and the cutting of their doctors the poor women are doomed. Nor can we suppose that the two hundred kinds of pessaries, and of abominable harness that our American women are wearing, are harmless in this regard. For there are thousands of cases in which these props have bruised and ruined the structures they were designed to support, cases to which they were about as applicable as a crutch would be for the cure of an abcess in the arm-pit.

"It is not the proper use of remedial or of mechanical means that is so mischievous, but it is their abuse and their indiscriminate employment that have ruined the health and happiness of so many women in our land; it is the putting of surgery before medicine and not after it as a means of cure; the fashion of treating this class of cases as one reads Hebrew, backwards; and of resorting directly to operative interference before trying the effects of remedies that has entailed the traumatism of which I speak. * *

"There are two reasons why surgery has lately assumed such a paramount importance, and why a premium has been placed upon its practice in this speciality. The first of these is a forced attempt to create a distinct department of surgery, as applied to gynæcology, by those who doubt the efficacy of internal remedies, and who know next to nothing of applied homœopathy. * * * *

"The second reason for this curious and calamitous state of affairs is, that the people have been led to believe that in this class of cases especially, a more heroic system of treatment is necessary than in other diseases. It has become a fashion with them, and nobody supposes that what is fashionable can possibly be harmful. Thousands of doctors have taken advantage of this prejudice, and the wounds that have been inflicted unnecessarily, exceed in number those of any battle field since the days of Hannibal."

The Homœopathic Times.

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Editors:

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession."*—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

THE STATE SOCIETY.

THE time rapidly approaches when the State Society will hold its regular annual meeting. As these occasions recur so seldom, it is but fair to expect the members of the profession throughout the State to use their best endeavors to make the occasion worthy the cause it represents. If each member would contribute even the smallest fragment from his experience, an accumulation of interesting material would result which would certainly prove both interesting and instructive. The lethargy which possesses the minds of the majority in the profession, by some means must be thrown off, or else what can we expect? We hear complaints occasionally as to the management of the Society from men who are never found in attendance upon its meetings, and who do little or nothing to rectify any abuse or mismanagement which may have resulted from their absence from its deliberations. If the Society is to be managed in the interest of the *whole* profession, a larger proportion of its members must take a more active interest in its proceedings. We are quite sure that there is no present officer of the Society but who would be glad to join in any movement to place the best fitted men in the respective positions. Notwithstanding the financial depression, the Society is publishing its annual volume of Transactions, which, although smaller in bulk than some of its predecessors, will rank as high, if not higher, from a scientific stand-point, than any which have been before issued.

The indebtedness of the Society is being rapidly liquidated, and a little more effort in this direction will place it upon a solid financial basis, and all this in the face of general business depression. On the whole, then, we may congratulate the Society upon its present condition in every respect, but we shall not be satisfied until a deeper interest is manifested in its sessions for the discussion of scientific subjects. It has been remarked by many, that the lapse of time after the presentation of papers before their appearance in print is so long, that there is no satisfaction in offering papers for this purpose. We think we are not anticipating too much, when we venture to assure such, that the next volume of Transactions will be printed within—say four months, of the annual meeting. This can easily be accomplished by a little persistent work on the part of its officers, and a reasonable co-operation on the part of the members. The Society ought to be able to supply its volume of Transactions to its own members who are clear on the Treasurer's books, at the time of its issue, without additional remuneration, and with continued good financial management, this can be done. To all others, who may desire, the volume could be sold at a small profit to the Society.

At the semi-annual meeting, the members showed their ability to deal with most delicate points of difference in opinion and action, without descending to vile personalities and abuse of one another, and as in all probability, similar questions will arise at the next meeting, we sincerely hope for the largest freedom in discussion, and for the prevalence of that most catholic spirit which should pervade the atmosphere of all scientific bodies. It is the universal experience that feelings of good will and charity toward one another, are promoted by friendly intercourse exercised while discussing the *menu* of a genuine hospitality. We venture to hope that the officers of the Society will devise some plan with this end in view.

We desire to urge upon members of the profession, the great importance of their attendance upon this meeting, and thereby inaugurate a movement which will result in increasing that interest and harmony so much to be desired and necessary to its prosperity.

HOMŒOPATHIC INSANE ASYLUM.

THE reports from this institution are of the most gratifying character. The grounds during the past summer have been greatly improved. New buildings, including a dead house and pathological museum, have been erected. The number of patients are steadily increasing, and the record of cures compares favorably with the best institutions in the world. A very excellent library for the use of patients has been commenced, and the medical library is well stored with the best text-books on mental diseases published in the English language. Exercise grounds have been prepared for both male and female patients, and an excellent billiard table placed in the new pavilion.

The experiment inaugurated under the present superintendent of increasing the medical staff, has been most successful. With Dr. Williamson and Dr. Paine, the assistant physicians, both thoroughly educated and full of professional zeal, and the very excellent female assistant physician, the medical work is so systematized and carefully divided under the able direction of the superintendent, that the best possible results are obtained. Cases are closely studied, microscopic and chemical investigations made, and a mass of most important medical facts and scientific investigation carefully recorded. This work, all important in a new institution, could not be satisfactorily accomplished with a small medical staff, whose entire time must, as a matter of course, be employed in the mere routine work of the asylum. As it is, the asylum is accumulating facts for future text-books upon mental diseases, and paying back to the State in the information it is accumulating for the medical world, a rich return for the amount of money expended.

Let it be remembered that the asylum is fearlessly and intelligently putting to the most rigid tests the doctrines of the so-called new medical philosophy, working, not in the spirit of fanaticism, but on the basis of well-established facts along the line of the most thorough scientific investigation, with eyes wide open to the reception of truth from any and every source. The profession, slow to act, are now recognizing the full value of the institution, and rapidly filling its wards with patients.

THE PUBLIC HEALTH.

As we predicted in a former article, affections of a cerebro-spinal character have followed to a very considerable extent the epidemic of malarial disease, which was so prevalent during the summer months.

During the week ending November 3d, there were reported to the Board of Health, ten deaths from hydrocephalus and tubercular meningitis, this being an increase of about 30 per cent. over the average for the corresponding week for the last five years, and 42 per cent. over that of the preceding week. There were also reported eight deaths of typhoid fever, this being an increase of about 40 per cent over the average for the corresponding week for the last five years; and it is the same as occurred in the week immediately preceding.

During this interval there were reported twenty-five deaths from diphtheria, being 24 per cent. less than for the average corresponding week for the last five years, and being an increase of four per cent. over the preceding week. During all this time no deaths were reported from small-pox. It will thus be seen that there is a tendency to change of zymotic diseases resulting in an increase of cerebral and intestinal lesions. Through the courtesy of the officers of the Department of the Board of Health devoted to the care of contagious diseases, we are able to

state that for the week ending November 24th, 1877, there were reported 12 cases of typhoid fever, 68 cases of scarlet fever, 3 cases of cerebro-spinal meningitis, 29 cases of measles, and 79 cases of diphtheria, while there was not a single case of small-pox reported. This report shows an increase as reported over the corresponding week of 1876, of 24 cases of diphtheria, 25 cases of measles, 18 cases of scarlet fever, all of which is an indication of the evanescence that is constantly going on in respect to zymotic diseases.

These reports, which are so carefully kept and elaborated to such extent, enables us to follow the ever-changing aspect of disease, and to make comparisons with elements which are so intimately related to our surroundings.

COMMON SENSE.

For a practical people there is a very small amount of common sense, so far as living and health are concerned, in the community. The great question is not so much what is needed to add to comfort and health, but what are the dictates of fashion, and how can I get the most for the smallest amount of money. We are apt to commence our economy at the wrong end of the line, and forget that the cheapest labor and cheapest materials in price, are often the dearest in the end; that if we expect good materials and good labor, and good results, we must pay a fair price and be satisfied with less show, but receive as an equivalent more comfort and health. The insane idea, for it certainly is a form of insanity, of getting everything at the lowest possible price, leads to the grossest fraud, to demoralization of the worst kind, to hospitals, alms-houses and prisons filled to overflowing, to be supported by our hard earnings, to fat church yards and plethoric physicians' bills. So long as an otherwise intelligent community expect to get for one dollar what has cost two to produce, they either compel the laboring man to walk along the border line of starvation, excite him to the commission of crime, or teach him how in future to slight his work and give the least possible labor and the most worthless material for the largest amount of money he can receive. Hence we have the demoralization which exists in the community, the dishonesty found everywhere, legislation, much of which is practically useless, because it locks the stable door after the horse is stolen; clergymen who fire over the heads of the people heavy broadsides, which make a great deal of noise, but do little execution, and all because there is a lack of that common sense which with keen and honest eyes goes down to the very bottom, sees things just as they are, and brings about honest practical results.

It may be after all that the great lessons of Christianity, those doctrines so practical, so simple, so perfect, that to them we must look for the growth of moral ideas, for the harmonious development of man, and the regeneration of the world are to find their best teachers, their most practical exponents in our profession.

What will a man not do for his life? When death stands by the bedside with beckoning finger, counsels which otherwise would pass unheeded find a ready listener; seeds which at other times would have fallen on stony soil or been blown away by the winds of passion or selfish greed, now if planted with a proper hand take deep root. In the presence of suffering and death, in the breaking of household idols and the tearing away of the tendrils which have twined so closely about the heart, one naturally pauses to enquire the cause of all this wreck and ruin. The day when all these calamities are charged directly to Divine Providence has passed away forever. As free moral agents we must look to ourselves, to our violation of nature's laws, to our own lack of that prudence and foresight which the science of the day has taught, for much of the suffering and for many of those epidemic diseases which mark their passage with a trail of death. The majority of epidemic and

hereditary diseases could be avoided if an intelligent profession, aided by an intelligent community, would set to work in earnest to find out the cause of these troubles and skillfully apply the remedy.

This can only be accomplished by getting rid of the idea that work and material cheap in price, is of necessity cheap in reality. The first outlay is often, the way work is done, but a very small part of the sum total. Employ always skilled advice and skilled labor and you will usually get satisfactory results. These can always be had for a fair remuneration.

In our great cities half the epidemics are started by sewer gas, stagnant water, and decomposing material, tainting with an atmosphere of death the bedroom, the parlor, the dining-room, the nursery, penetrating everywhere and everywhere sowing the seeds of disease. The epidemic once started, sweeps like a whirlwind through a community. Now, all this could have been avoided, if in the first place the houses had been properly constructed, and secondly, if the plumbing had been honest work, put in by those who understood their business. Half of the so-called plumbers, and nine-tenths of the speculating builders, are just about as fit to do good work as a blacksmith to repair a chronometer. But the public want cheap work, and they get it with a vengeance; get it in death-traps and disease breeders. They have closed the spigot tight, but have left the bung wide open. We might draw our illustrations from every department of labor, for the community is full of shams and the most transparent frauds. Men will continue to be duped, continue to suffer until common sense teaches them that *something* cannot be given for *nothing*, and that if they would have a healthy community with low taxes and a low death-rate, they must get skilled and honest labor and material, which can always be obtained for a fair equivalent.

Dr. C. R. Doran has located at Jacksonville, Florida.

TRITURATIONS.

Dr. Henry G. Piffard, the author of one of the best treatises on diseases of the skin issued by the medical press, read a paper before the New York Academy of Medicine, November 1st, on "The Use of certain Triturations." The paper, which was evidently prepared with great care, was given in a recent number of the *Medical Record*. Of the drugs tested he shows conclusively, by microscopic investigation and scientific reasoning, the great superiority of triturations prepared by the homœopathic pharmaceutists to the corresponding ones prepared by the chemists of his own school. The triturations, properly prepared, he thinks, are much superior to the coated pills, and enable us to materially decrease the dose. He recommends physicians, both in the country and city, to carry a few of these triturations in their pockets. "In conclusion," he says, "while willing to give due credit to the homœopaths for their development of this class of pharmaceutical preparations, we see no good reason why they should any longer enjoy a monopoly of their use."

Quite correct. There is no good reason why the whole medical world should not avail itself of every great improvement in the science of medicine developed in the homœopathic school, including the most important of all—the doctrine of *Similars*. They are quite welcome to all we have. The fairness and candor, the disposition to honest dealing which Dr. Piffard and a few other modern writers have shown, are exceptions to the general rule, but give us hope for the future. The unblushing way in which many of the medical lights of the so-called regular school pilfer from our literature, while they at the same time attempt to muddy the stream from which they draw their supplies, shows an inward *cussedness* flowing from a perverted nature of the meanest kind. By and by, if it is for their interest, they may possibly become honest and respectable gentlemen.

The Gates Ave. Hom. Dispensary of Brooklyn, reports for the year ending Sept. 30th, 1877, 3,267 patients treated, to 5,592 prescriptions, with 749 visits at patients' homes.

Correspondence.

LOCAL APPLICATIONS.

SUPPRESSED STOMACH AND BOWEL DISEASES.

Editors of THE TIMES.

Gentlemen: We come next to the consideration of diseases that are suppressed from the stomach and bowels. This is the most fruitful of all the sources of secondary diseases, arising from the suppression of elementary or simple maladies, to the extent that the primary ailments of the alimentary canal are the most numerous of any class, if we except the various and multitudinous acute and chronic eruptions of the skin. The suppression of the latter, and especially of the chronic skin diseases, during the great leprous eras of the world, as well as at all other times since, ranks first as the cause of nearly all that has followed in most chronic and many acute diseases, as Hahnemann proved, and as I may take occasion to again refer to before finally closing with the subject of local applications. But to the matter now more immediately in hand.

In the first place, then, as to the consequences of suppressing diseases from the stomach. It is a *fact* that a majority, certainly, and I think, a large majority, of dyspeptics, *die finally of consumption;* and simply because their disease is driven by various irritating agents from the stomach to the lungs, and there completes its work. A certain other large portion of dyspeptics, whose lungs are strong, die of the various ailments of the liver, from simple congestion or inflammation of that organ, all the way up through abscesses, ulceration, gall stones, hypertrophy, atrophy, and the like, even to and including cancer, and all from the suppression of the stomach disease; that is, driving it to the liver in such cases, instead of to the lungs, by means of the harsh and violent remedies, or other agents taken. With this class of dyspeptics, their lungs are so strong that they resist the morbid cause settling upon them, and as it must go somewhere, when suppressed, it goes to the liver. In still other cases, it may be driven to the mesenteric glands producing tubercle, or even cancer, in them, and death in that way. It may also be transferred to the kidneys, in some cases causing Bright's disease, and possibly diabetes; or finally, its suppression may *indirectly* cause disease of the heart, or disease of the brain, as paralysis, insanity and the like. I need not dwell upon the fact that the most terrible melancholy is a frequent attendant upon dyspepsia as an effect, or one of its secondary conditions, and it is often not many steps from that into insanity.

The very fact that such a variety of maladies, characteristic of the organ or organs to which the suppressed stomach disease may be transferred, is developed as a result of it, would seem to prove that it is really the morbid cause itself that is driven to the other organs from the stomach, with the exceptions named of its *indirect* action upon the heart and brain, and that the fact is not due to imperfect digestion or defective preparation of the blood from the food eaten. If it were the continuance of the disease in the stomach and the derangement thereby of the blood-making functions that caused the tubercles in those dyspeptics who go into consumption, as is claimed of tubercles generally, then, in all other cases where other organs than the lungs become implicated in such subjects, tubercles should be developed in those organs the same as in the lungs; but such is often not the case, hence it must be the primary disease itself that is driven to the other organs, and produces in each case some malady more or less characteristic of the organ attached. But whether such proof is satisfactory or not, we know from what has been established beyond question, by the great number of cases given in the preceding papers, that the demands of the law of metastasis are inexorable, and when disease of whatever kind is suppressed from the stomach, it *must*, as in other cases, go to some other, and almost always, more vital organ.

That all stimulants and irritating medicines of whatever nature, taken into the stomach for the control of its diseases, may be properly considered, at least in their direct effects, of the character of "local applications," would seem to be self evident, as they are when swallowed, brought into immediate contact with its mucous coat and the delicate and sensitive filaments of the nerves embedded in it, which are the real seat—mucous coat and nerves—of almost all its diseases. And it is by thus stimulating and irritating those tissues until finally a reaction is excited, that is sufficient to drive the disease out of it and elsewhere, that the result is brought

about, the same as with other parts and organs, so many examples of which have been given.

The same general fact holds in regard to suppressing the diseases of all other portions of the alimentary canal than of the small intestines, of the large intestines, the rectum and anus. What more common in the experience of the physician, than to see the diarrhœas of children, when suppressed by astringents or other wrong means, followed immediately or in a few days by the most serious indications or actual dropsy of the brain—an indirect, not a direct effect, from a violation of the law, it is true—but none the less hazardous, and none the less certain in bad effects because of that. In adults, the suppression of diarrhœa may result also in disease of the brain, paralysis, apoplexy, etc.; but it much more commonly causes indigestion or dyspepsia, from the irritation being driven out of the small intestines, where it is most usually confined in diarrhœa, up into the stomach, which is more vital; or disease of the liver, from its going to that; or it may, and often does go to the throat or lungs, seriously and not unfrequently, fatally diseasing the latter organs.

The suppression of constipation (which, as is so well known, has its seat in some portion of the colon, from chronic inflammation thereof,) by cathartics, often drives the inflammation into the small intestines, or to the mesenteric glands, which are still more vital, causing chronic diarrhœa; to the stomach, causing some disease characteristic of that organ; to the liver, to the kidneys, throat or lungs, with serious if not fatal disease of whatever organ it may go to. Suppressed dysentery, it is well known, often leads to disease of the liver; while chronic diarrhœa, constipation, dyspepsia, brain, and even throat and lung diseases are not uncommon results of its suppression. And hemorrhoids, suppressed, whether by operations or other means, lead also very commonly to congestion of the liver, dyspepsia, etc., and even to apoplexy. These, let it be understood, are not vague surmises, for much proof of their truth is to be found in the medical literature of both schools; while still more proof, and some that is much more definite, will be found in the following cases.

In February, 1860, I was called to a young married farmer, aged twenty-six years, who had been pronounced incurable from consumption. His principal symptoms were, much cough and purulent expectoration, an almost constant subacute pain through the centre of both lungs to the scapulæ, and the most profuse night sweats I have ever yet witnessed in any case. He perspired every night, and generally very profusely during the whole time he slept, and could not sleep in the day-time, for half an hour even, without his clothing being completely saturated with perspiration. Seminal emissions were also almost as marked as the night sweats, as he had them almost every night, sometimes two a night, and often would have one during the day when he slept. He was consequently greatly debilitated, being only able to walk a little about his house, or a few minutes out of doors, though these symptoms had been of but a few weeks' duration. There was severe congestion if not actual hepatization of the lower half of both lungs, no air being heard to enter either below the nipples. He was of good build, being only of medium height, and naturally quite stout, though of a consumptive family.

An inquiry into preceding conditions fully revealed the cause of his present sufferings and very critical state, in the following-named violation of the law of metastasis: The previous September he had what his then attending physician pronounced an attack of bilious fever. The latter being of the eclectic school, administered emetics freely, and, as he claimed, "broke up" the fever in a week or ten days; but the patient's stomach was so weakened by the violent vomiting, that he soon passed into a condition in which he could not eat, even very lightly, without vomiting, though never threw off his food. It was always *green* mucus that his stomach ejected, and not a particle of what he had eaten. And it was the same whether he ate a full meal or only part of a cracker, he would vomit after it, and always the green mucus as stated, but no food, and not even anything he had drank.

This state of things continued until the first week in January following, some three months in all, when he consulted an allopathic physician. The latter gave him no medicine, but advised him to drink a glass of good ale just before each meal. This the patient did, and in about ten days it entirely relieved his stomach, but at once there appeared the pain in his lungs. Then soon followed the cough, night sweats, and other symptoms already detailed, and all of which daily increased in severity up to the time the

writer was called. Though the case was certainly most desperate, I gave some encouragement of cure: telling the friends if the disease could be returned to his stomach he could be saved, and that it must and would go back there, and be much as it was before its suppression, if his lungs were ever fully relieved.

Silicia, in high potency, was prescribed, because of the sub-acute pain through the centre of both lungs to the scapulæ, and other symptoms that corresponded to that remedy. The effect was very favorable, improvement being manifest in a few days, and continued under this, and two or three other remedies subsequently administered, until most of the symptoms had disappeared, and he had gained much in strength. Feeling sure now of my patient's final full recovery, my surprise and disappointment may be better imagined than expressed when, one day in May, on the road to visit him, I met his father and asked how his son was. "Oh, doctor, he is worse and is going to die," was the answer. I replied that I hoped not. "Yes, doctor; you will certainly lose him," was his response; "he cannot get well." Upon asking him in what respect his son was worse, he answered, saying, he was "away back where he was in January preceding, vomiting every time he ate." With a hearty "thank the Lord" for that, I drove on and found the patient just as the father stated, vomiting every time he ate, no matter how little or how much; not a particle, however, of what he had eaten or drank, but always green mucus, *exactly as was the case before drinking the beer, and driving the disease to his lungs.* AND ALL HIS LUNG SYMPTOMS HAD NOW WHOLLY DISAPPEARED!

A few weeks of careful and judicious treatment of the symptoms of the stomach exclusively with the homœopathic remedies, in high potencies, as was everything that was given him from the first, cured that; and he regained his strength so rapidly and fully that by the latter part of June, about four months from my first commencing his treatment, he began work in the hay-field, and rode and drove upon a mower and reaper to cut ninety acres of grass and grain, besides doing much other work that summer; *having boils almost constantly through it all;* which, of course, run the morbid matter wholly out of his system. The last I heard of him, several years after that, he continued well and hearty.

(*To be continued.*)

Messrs. Editors:

In the November No. of THE TIMES appears a verbal "explosion" designed for my demolition, by the great and good Lippe. His words and manner move me to call his attention to a passage of Scripture to be found in Job, xv chap., 2d, 7th, 8th and 9th verses: "Should a wise man utter vain knowledge and fill his belly with the east wind? Art thou the first man that was born, and wast thou made before the hills? Hast thou heard the secret of God, and dost thou restrain (all) wisdom to thyself? What knowest thou, that we know not? And what understandest thou, that is not in us?"

Dr. Lippe is a great physician. His labors in the field of *materia medica* have won him the respect of all studious members of our school. I will yield to no man in my admiration of his many excellent qualities, but I wish to remind him that he is not the supreme pontiff of homœopathy, whose ex-cathedra utterances are infallible and not to be questioned. His views of what *is* and what *is not* "orthodox" are entitled to just as much attention as those of other aged and experienced disciples of Hahnemann—and no more.

I am "young in the faith" myself, and make no pretence of instructing any one. In my criticism of Dr. Lippe's "Declaration of Homœopathic Principles," I made certain assertions and asked certain questions. Dr. L. demands that I should show wherein his Declaration differs from the teachings of Hahnemann. I do not consider this to be a matter of the *slightest importance.* What we all wish to know is, "are these '*principles*' *true* or *false?*" I think that at least two of them "are not universally true," viz., "that the ONLY and proper way to ascertain the sick-making properties of medicines is to prove them on the healthy;" and "that local treatment in non-surgical cases is unnecessary, and will never permanently cure." Concerning the remaining four "principles," I found more fault with their manner *than* their *matter*, and Dr. Lippe could have spent his time more profitably in exposing the error and weakness of my criticism than in trotting out his old physiological-livery-hobby, and plunging wildly about upon it,—a laughing stock for gods and men.

The only one of my questions that Dr. L. has answered is in reference to local treatment in small-pox. I rejoice at his magnificent success,

for the sake of his patients, and for the glory of homœopathy; but, "thus doeth Lippe," is not yet an accepted rule of practice.

In conclusion, I insist that hot-headed abusiveness, windy, ungrammatical platitudes, and arrogant assumption, are fit subjects for ridicule wherever found. Until Dr. Lippe realizes this fact he will continue to have cause to complain that "there is no peace for the wicked."

In close conjunction with Lippe's pretended "answer," I find a brief effusion from Dr. Wildes. If it relieved his mind any I am glad he wrote it. Evidently, he has not studied his subject sufficiently to know what he is writing about, so I will dismiss his "case" with a proverb of Solomon: "He that answereth a matter before he heareth it, it is folly and shame unto him."

R. C. SABIN, M.D.

Reports of Societies.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

THIRTEENTH ANNUAL SESSION AT PHILADELPHIA, OCTOBER 3D AND 4TH.

THE president, J. C. Burgher, M.D., of Pittsburgh, in the chair, opened the exercises with an address. He said it was worthy of note that the literature of the old school is gradually, but no less certainly, becoming more and more palpably seasoned with the therapeutic principles of the new method. Its pharmaco-dynamics have been enriched by our physiological provings, and its practice improved by its substitution of the small for the massive doses, and in many instances, the single remedy for the combined mixture, is an evidence that small doses are gradually taking the place of large ones. It is only necessary to instance the employment of "gelatine pills" and granules, so extensively advertised in old-school medical journals. All the general hospitals under homœopathic management are in a thriving condition: from the State Homœopathic Asylum for the Insane, located at Middletown, N. Y., to the smallest institution in the country, under this treatment. The accessions to our professional ranks in the past year were, in round numbers, three hundred graduates of homœopathic colleges; besides, an indefinite number of volunteer recruits from the old school. The sentiment is rapidly and properly gaining public favor, that good qualities and superior attainments, rather than large numbers and inferior acquirements, are to be sought in supplying the demand for homœopathic physicians.

Dr. Claude R. Norton, resident physician of the Pennsylvania Homœopathic Hospital for Children, 43d and Oregon sts., reported twenty-two patients admitted since the opening, May 1. Its dispensary had treated 427 patients to 1,317 prescriptions.

The following papers were read and discussed:

"Use of the Dental Engine in Surgery." By L. H. Willard, M.D., of Alleghany.

"Notes on the Surgery of the Intestinal Tract." By J. H. McClelland, M.D.

"Tinitus Aurium." By J. A. Buffum, M. D.

"Ovariotomy." By C. M. Thomas, M.D.

"Dislocations." By J. E. James, M.D.

"Retinitis Pigmentosa." By W. H. Winslow, M.D.

The Bureau of Materia Medica then presented its report, including papers entitled:

"Materia Medica as a Science and an Art." By H. N. Guernsey, M.D.

"Aconitum Napellus." By A. Lippe, M.D.

"Natrum Arsenicum." By J. F. Cooper, M.D.

"Anti-Psorics in Atrophy of Infants. By E. A. Farrington, M.D.

"Provings of Arsenite of Soda." By Drs. Ramage, Thompson, and King, of Pittsburg.

The committee to report on the recommendation of the president in his address on the subject of medical education, made a report, and offered the following resolution, which was adopted:

Resolved, That the Homœopathic Medical Society of Pennsylvania earnestly recommends to all its members, and to physicians generally, the adoption of the following rules in reference to persons applying for admission to their offices as students in medicine:

First. That the candidate shall be of good moral character and unquestionable sobriety, and shall give satisfactory evidence of studious habits.

Second. That he shall possess—or, previous to commencing the actual study of medicine, shall acquire—a good English education, together with a fair knowledge of mathematics, natural philosophy, and the rudiments of the Latin language.

Third. That he shall enter into an agreement with his preceptor to attend not less than three terms of lectures; to devote the intervals to regular, systematic study, and to avail himself of all the facilities offered by the colleges for making his knowledge of each and every department of study both thorough and practical.

And we also recommend that, in all cases where it has not been already done, our colleges should at once fix the requirements for graduation at such a standard

as an ordinary student ought to be expected to attain by a *three*-term course of study, and that the examination should extend to the practical skill of the student in all the departments where such an examination is feasible and such skill valuable.

The following officers were elected for the ensuing year:—President, H. N. Guernsey, M. D., of Philadelphia; vice-presidents, W. R. Childs, M.D., and A. Korndœrfer, M.D.; secretaries, M. M. Walker, M.D., and Jos'h C. Guernsey, M.D.; treasurer, J. F. Cooper, M.D.; censors, Drs. McClatchey, Wood, and McClelland.

After the transaction of some other business the society adjourned to meet at Pittsburg on the last Wednesday of September, 1878.

ONONDAGA CO. HOM. MED. SOCIETY.

(Reported by H. V. Miller, M.D., Secretary.)

THE July meeting was held on the 3d Inst.

Dr. Miller read an essay on *Natrum Mur.*, giving his experience with this remedy in his own case, and also in general practice. He showed that it was often indicated in scrofulous dyscrasias, in muscular asthenopia, in intermittent fever, in functional and in organic diseases of the heart, in catarrh of the air passages, and in various diseases of the skin, liver, digestive apparatus and the genito-urinary organs. He found it to act promptly curative in some of the most obstinate cases of dyspepsia, indigestion, hepatic affections, dysmenorrhœa, etc. He gave the leading indications for its medicinal use. He regarded it an anti-scrofulous and a nutritive remedy. Many of its characteristics he had verified in his own case.

Several members reported successful treatment of many cases of intermittent fever, with this remedy when indicated.

Dr. Brewster had often successfully used it in intermittents, and especially in china-cachexia. The chill begins at about 9 A.M., and comes on slowly, with general coldness, continuing two or three hours. During chill there is great thirst and violent headache. The sweat is usually moderate, but it relieves all the symptoms.

Dr. Sullivan had just cured a similar case with this remedy.

Dr. Hawley once cured a whole family of chronic intermittent fever in Missouri, with two small vials of *natrum mur.* sent by mail after *quinine* had failed. When chill begins in the back he generally cured with *capsicum*. When chill commences in the stomach with fainting, caused by the smell of food, *colchicum* cured.

Dr. Sullivan used *gelseminum* when chill comes on slowly, ascending from the feet, without thirst. He reported several such cases.

Dr. F. Bigelow often used *natrum mur.* with success in intermittent fever.

Dr. Hawley often used it for morning headache of school girls, commencing at about 9 A.M., and continuing all day; worse from study. Referring to Dr. Miller's experience with *natrum mur.* in rhagades of the commissures of the lips, he often found *phosphorus* indicated in such cases, especially in *tall, slender subjects.*

Dr. Brewster reported the case of a blonde taking cold from a cold foot-bath, which was purposely used to suppress the menses, in order to go to a party. There were morning headache, obstinate constipation, leucorrhœa, weakness of the knees, restlessness, sleeplessness, *vivid dreams* of *robbers under the bed;* had to get up and look; palpitation and dyspnœa on going upstairs; constant thirst for large quantities of water. *Natrum* 1000, an occasional dose cured in about a year, though the menses never became perfectly normal.

Dr. Hawley had often verified the symptom of dreaming of robbers in the house.

Dr. Squier presented a paper on the "Effects of the Nasal Douche upon the Middle Ear."

DISCUSSION.

Dr. Hawley discountenanced the nasal douche, and all local applications in catarrhal affections, as both unnecessary and dangerous. The use of the nasal douche is attended with considerable pain, no matter what is the temperature of the water. He preferred appropriate constitutional remedies and hygienic measures.

Dr. Sullivan, of Plainville, generally used constitutional remedies in catarrhal diseases of the nares and pharynx. In cases of deafness, caused by closure of the Eustachian tube, he opened the latter with Politzer's method.

Dr. Miller had in many cases of obstruction of the Eustachian tube, attended with deafness, entirely removed the difficulty and restored the hearing by a very simple operation called the *Valsalvian method*, or by an improvement upon this method. This consists in closing the nostrils and making a forcible inflation of the nose while the patient attempts to swallow. During the

past spring he had thus cured many cases of catarrhal deafness. In his own case this method, persevered in for several days, succeeded, after Politzer's air-bag and the Eustachian catheter had failed.

Dr. Garrison had removed some cases of complete nasal obstruction in catarrh with a few doses of *silicia*.

Dr. Sullivan reported a case of catarrhal ulceration of the septum of the nose, cured by *kali bichromicum* 3.

Subject for next meeting: "Uterine and Vaginal Catarrh."

Drs. Brewster and Sullivan were appointed essayists on this subject.—Adjourned one month.

HAHNEMANN ACADEMY OF MEDICINE.

REGULAR meeting, July 5th, 1877, Dr. Samuel Lilienthal, President, in the chair.

Dr. H. Amelia Wright reported a case of "Anomalous Scarlet Fever." Dr. Burdick thought it a clear case of scarlet fever, which from some unknown cause had passed the first stage before the rash appeared. He had a similar case in a boy of four years, who with soreness of the throat had a slight eruption just over the pubes, not the characteristic eruption of scarlet fever, which after a little time became pustular, and then passed off. Subsequently the cervical glands and tonsils became indurated and other alarming symptoms developed, which were treated as the sequelæ of scarlet fever, and when they were relieved, the regular scarlet fever eruption broke out.

Dr. Finch inquired if the glandular swelling was persistent under remedies?

Dr. Burdick said yes, that he used a number of remedies, viz.: *baryta carb.*, *bell.* and *hepar.*

Dr. Alfred K. Hills then read a paper from Dr. Hering upon "Turpentine in the Fevers of Africa."

Dr. Burdick said this paper recalled to his mind an accidental proving of *turpentine* upon his horse. He had a fine, fleshy animal, which always felt exceedingly well and lively. He stabled it where the door opened to southern exposure, and where the sun struck the hollow forcibly, making the stable very warm, and sawdust was used for bedding. The horse became *lazy*, and so weak that he could scarcely walk, and he really thought he should lose him. But one day the Doctor, upon going into the stable, noticed the fumes of turpentine so strong as to cause him to feel faint. He immediately changed the bedding from sawdust to straw, with entire relief to his horse. He had since had numerous instances of extreme weakness and loss of flesh in patients from no obvious cause, where he had used *terebinthina* with satisfactory results.

After some general discussion, the meeting adjourned. CLARA C. PLIMPTON, M. D.,
Rec. Secretary.

NEW JERSEY STATE HOM. SOCIETY.

SEVENTH annual meeting, held May, 1877. President G. W. Richards, M. D., of Orange, N. J., delivered an able and eloquent address.

Dr. Lewis P. Grover, of Trenton, was expelled from membership, by unanimous vote, for irregularity in the practice of medicine.

The papers presented and read before the Society were full of interest, and fully demonstrated the universal success which homœopathic practice is reaping throughout the State. They were as follows: *Gastro-biliary Rheumatism*, by Dr. C. S. Verdi, New Brunswick; *Chlorosis*, its successful homœopathic treatment, Dr. A. C. Macomber, Hackensack; *Electrolysis in the treatment of Urethral Stricture*, Dr. B. Franklin, Newark; *Successful Cure of Fissure-ani by homœopathic remedies*, Dr. J. F. Miller, Roseville; *The Advance in the Art of Midwifery*, by Dr. J. Younglove, Elizabeth; *Veratum Viride*, Dr. W. McGeorge, Woodbury; *Liberal Therapeutics*, Dr. E. J. Howe, Newark.

The following are the officers elect for the coming year: *Pres't*, A. P. Macomber, Hackensack; *1st V.-Pres't*, J. Younglove, M. D., Elizabeth; *2d V.-Pres't*, W. S. Kimball, Eatontown; *3d V.-Pres't*, W. A. Bevin, M. D., Trenton; *Rec.-Sec.*, B. Franklin, M. D., Newark; *Cor.-Sec.*, G. M. Ockford, M. D., Hackensack; *Treas.*, G. W. Bailey, M. D., Elizabeth; *Board of Censors*, Drs. J. J. Youlin, Jersey City; L. B. Brown, Elizabeth; F. B. Mandeville, Newark; T. Y. Kinney, Patterson, and H. S. Hunt, Camden.

The eighth annual meeting will be held at Jersey City, on the first Tuesday in May, 1878. The unanimous thanks of the Society were tendered the retiring Recording Secretary, W. J. Andrews, M. D., Newark, for the faithful performance of his duties during the past four years.

ONEIDA CO. HOM. MED. SOCIETY.

THE regular annual meeting of the above society was held at Dr. Wells' office. In absence of the president, Dr. Hill was elected chairman, which position he held till the arrival of the president. Present: Drs. Wells, Gardner, Hill, Raymond, Terry, Chase and Gifford.

The following were elected officers for the ensuing year:

President, Dr. S. Bailey, of Bridgewater; *V.-President*, Dr. G. A. Gifford, of Clayville; *Sec. and Treasurer*, Dr. C. E. Chase, of Utica; *Censors*, Drs. Deuel, Brainard, Spencer, Watson; *Delegates to State Society*, for one year, Dr. Bailey; two years, Dr. Brainard; three years, Dr. Chase; four years, Dr. Beach; *Delegate to American Institute*, Dr. Terry.

On motion of Dr. Wells, it was resolved that a donation of $20 be tendered the State Society treasury.

Dr. L. B. Wells offered the following resolutions, which were unanimously adopted:

WHEREAS, Dr. Jonas C. Raymond, who has been an active and valued member of this society from its organization, is soon to leave us, in consequence of ill health, for a more congenial climate; therefore,

Resolved, That in all the relations of life, both professional and social, we have always found him unswerving in his integrity and constant in his devotion to what is just and right.

Resolved, That while we regret the necessity which has impelled him to this change, he will carry with him to his distant home our best wishes for his complete restoration to health, and for a more extended opportunity for usefulness in his profession.

HOM. MED. SOC. OF THE STATE OF N. Y.

THE annual meeting of the Society will be held in the Common Council Chamber, Albany, Tuesday and Wednesday, Feb. 12th and 13th, 1878, for the Election of Officers, Reports of Committees, etc., and the transaction of such other business as may legally come before it.

It is hoped that there may be a *full* attendance, as it is expected that matters of *vital importance* will be considered, and it is desirable that a full expression of opinion may be indulged in by the members of the Society, and thus secure the most careful deliberation and mature judgment in the decision of matters of *momentous import*.

Members of the profession, whether delegates or otherwise, are *earnestly* invited to participate in the meeting, by presenting essays, etc., either in person or through another. The undersigned will be glad to learn the titles of papers proposed to be read as early as possible.

ALFRED K. HILLS, M.D., *Rec.-Sec.*

Bibliographical.

THERAPEUTICS AND MATERIA MEDICA FOR THE USE OF FAMILIES AND PHYSICIANS. By Louis Sherman, A M., M.D., Milwaukee, Wis. 200 pp.

The preface of this little book states its object to be to instruct "Intelligent, non-professional persons in the nature, symptoms, course, prevention and treatment of the most common forms of disease."

The introduction treats of *hygiene*, and of general directions as to strength, dose and repetition of doses.

Part I treats of the most common diseases, their definitions, causes and treatment.

The article on pregnancy, including the treatment on labor, will prove of great convenience to the pregnant female.

On the whole, the part devoted to therapeutics is concisely arranged, and will be found of great service as a *family book*.

Part II is devoted to *materia medica*, and we fail to see the object in writing for the non-professional reader, in occupying so much valuable space in nomenclature, general description and preparation of drugs. The therapeutic use of drugs, together with the characteristic symptoms, should have been given more extensively. We fail to find many of the grand characteristics which individualize many of the common polycrests.

Obituary.

DR. ELIAL T. FOOTE.

DR. ELIAL T. FOOTE, who died at his residence in New Haven, Saturday, Nov., 17th, at the age of eighty-one years and six months, was, during the last years of his life, one of the very oldest living ex-members of the New York Assembly. He first entered the Legislature in 1820 as the representative of Chautauque, Cattaraugus and Niagara Counties, and in 1826 and 1827 represented Chautauque County. He was a man of ability and decided convictions, and an able defender of his chosen grounds, whether in politics or medicine. During the late war he was active and earnest in lending his voice and presence where aid and sympathy for the Union was being developed. He was a leader in the

homœopathic school of medicine, and active in the cause of temperance. During the past few years Dr. Foote had not continued the practice of his profession. He went from Jamestown, N. Y., where he had a large practice, some years ago to New Haven, to join his son, the late Dr. Charles Foote.—*N. Y. Tribune.*

DR. A. J. HAYNEL.

Dr. A. J. Haynel died at Dresden, August 28th, 1877, æt. 81. Dr. Hering says, "He was an inmate of Hahnemann's family for more than ten years, and proved a number of remedies for him. About the year 1835, he came to America, and resided first at Reading, Pa., then at Philadelphia. In 1845 he lived in New York, and still later in Baltimore, from whence he returned to Europe several years ago." Still our old landmarks continue to disappear.

Medical Items and News.

Errors which appeared last month in our advertisement of The Blanchard Foods, are corrected in this issue. *See advertisement.*

We hope our subscribers will exert themselves to send us names in anticipation of our proposed "Retrospect," which we desire to commence at a period as early as possible.

FOR SALE.—A Practice established twelve years, in a fashionable suburban city of 25,000 inhabitants. Distance from New York, 30 minutes; 28 trains daily from city, Address M.D., care Hom. Times, 18 W. 23d st., New York.

Albany City Hom. Hosp. and Disp.—Report for quarter ending Nov. 1, 1877: Patients in hospital Aug. 1, 4; admitted since, 14; discharged, 9; in hospital Nov. 1, 9; births, 3. Dispensary: Prescriptions for quarter, 660; new patients, 279: teeth extracted, 117; surgical cases, 40; visits made by resident physician, 21.

R. R. Trotter, *Res. Phys.*

Lecture on Sewer Gases.—The Kings Co. Homœopathic Medical Society has invited Dr. Varona to lecture before them on "Sewer Gases, and the Proper Protection of our Dwellings." The Doctor has been engaged for the past two or three years on this subject, and proposes shortly to issue a book containing the result of his investigations. As this lecture will be of interest to all the physicians of our city, they should avail themselves of the opportunity to be present.—*Brooklyn Eagle.*

We have received the prospectus of the proposed new Anglo-American quarterly, to be entitled *The Organon.* It is stated that "the journal will consist of 112 octavo pages, and an occasional appendix of sixteen pages or more. It will be devoted to unfolding the teachings of Hahnemann, as found in the *Organon;* chronic diseases, the lesser and other writings, and developing to the fullest extent the system of medicine and therapeutics of that most remarkable of physicians." The editorial staff will be as follows: In Britain, Thos. Skinner, M.D., Liverpool, and E. W. Berridge, M. D., London. In America, Adolph Lippe, M.D., Philadelphia.

Schuyler Co. Hom. Med. Society held its annual meeting at Watkins, N. Y., July 10th, 1877. Dr. Alex. V. Stobbs, President, in the chair. The following officers were duly elected for the ensuing year: *Pres't*, Dr. E. W. Rogers; *Vice-Pres't*, Dr. G. A. Tracy; *Sec'y* and *Treas.*, Dr. A. P. Hollett; *Censors*, Drs. Wm. Gulick, Alex. V. Stobbs, C. B. Knight, F. W. Adriance, I. B. Sargent; *Delegate to the State Med. Soc.*, Dr. E. W. Rogers, who, on motion, was nominated for permanent membership of the State Society. Dr. A. V. Stobbs delivered the annual address on *Diphtheria Septicæmia*, and the subject was discussed by the members present. Dr. Tracy reported an interesting case of enlargement of the prostate gland.—Adjourned.

The N.Y. Ophthalmic Hospital, for the year ending Sept. 30th, 1877, reports 5,111 patients treated—an increase of 609 over the preceding—and average daily attendance as 115. In comparison with the report of last year, we observe that during the year past diseases of the nose have been treated to an extent, which added to the throat department, nearly equals the increase in the whole number of patients treated. In this department 739 patients being treated this year to 287 last year. In the eye department this year, 3,450 to 3,235 treated last year. The ear department has fallen from 980 last year to 922 this year. The total operations upon the eye are put down at 272, against 209 last year, and the ear 30, against 9 last year, this being an increase of nearly 40 per cent. Nearly 8 per cent. of all eye and 3½ of ear cases treated were operated, showing an increase of nearly 25 per cent. in the eye department alone. The Treasurer's report shows the *per capita* expense to be about $1.56 for each patient treated, and for inmates of the hospital, as near as we can calculate, $6 per week. The balance of cash on hand has increased from $3,391.04 to $5,653.71, notwithstanding the financial depression, and augurs well for the financial ability which could make such a statement possible. On the whole, this institution makes a favorable showing in comparison with its similars, and with continued good management will eventually distance all competitors.